

EETT Competitive Grant

End of Period Expenditure Report Form

For the grant period ending August 31, 2005

Submit To:	IDENTIFYING INFORMATION:
California Department of Education Education Technology Office 1430 N Street, Suite 6308 Sacramento, CA 95814 Phone: (916) 323-5715 Attention: EETT Competitive Grants	LEA Name: _____
	CDS # _____
	Grant Award Dates: (must match Grant Award form AO-400): _____ / _____ / _____ to _____ / _____ / _____

Complete and submit this End of Period Expenditure Report *Form* and the End of Period Report *Worksheet* by **September 30, 2005**, to the address above.

Items to be Reported	Amount
A. Total Grant Award Amount (Total must match Grant Award form AO-400)	
B. Expenditures made by August 31, 2005	
C. Obligations made by August 31, 2005 <i>Note: CDE will invoice your agency for any funds not expended and/or obligated by this date.</i>	
D. Total Expenditures/Obligations (B+C) (Total expenditures/obligations may not exceed total grant award amount)	
E. Balance of unexpended program funds. (A minus D) (CDE will invoice your agency for unexpended funds)	

F. Amount of interest earned on advances, if applicable. (Interest earned that exceeds \$100 per year must be returned to the CDE/federal government.)	
G. Total amount to be returned to the CDE/federal government (E plus F)	
H. Professional Development (Combined year one and year two total) *25 percent of the total grant amount must be spent on high-quality professional development.	Amount of funds spent on professional development \$ _____ (% _____ (H) ÷ (A))

* The LEA must keep documentation for the 25% professional development allocation for a period of not less than three (3) years for audit purposes.

Certification of Local Education Agency

The signature of the fiscal agent shall certify that the above expenditures were made or obligated by August 31, 2005, in accordance with all applicable requirements of the Enhancing Education Through Technology Grant Award.

Prepared by:	Title:	Telephone:	Fax:
Printed Name of Program Contact:	Signature of Program Contact:	Telephone:	Fax:
Printed Name of Superintendent/Authorized Fiscal Agent	Signature of Superintendent/Authorized Fiscal Agent:	Date:	

EETT Competitive Grant End of Period Expenditure Report *Worksheet*

For the grant period ending August 31, 2005

Submit To:	IDENTIFYING INFORMATION:
California Department of Education Education Technology Office 1430 N Street, Suite 6308 Sacramento, CA 95814 Phone: (916) 323-5715 Attention: EETT Competitive Grants	LEA Name: _____
	CDS # _____
	Grant Award Dates: (must match Grant Award form AO-400): ____ / ____ / ____ to ____ / ____ / ____

Complete and submit this End of Period Expenditure Report *Worksheet* **and** the accompanying End of Period Expenditure Report *Form* by **September 30, 2005**, to the address above.

Major Object of Expenditure Categories	EETT Grant Award Funds Obligated/Expended
I. 1000-1999 Certificated Personnel Salaries	
J. 2000-2999 Classified Personnel Salaries	
K. 3000-3999 Employee Benefits	
L. 4000-4999 Books and Supplies	
M. 5000-5999 Services/Other Operating Expenditures	
N. Subtotal (I-M) (excluding 6000 & 7000 category)	
O. 7300-7399 Indirect Costs at an Approved Rate Approved Indirect Cost Rate % (_____)	
P. 6000-6999 Capital Outlay/Equipment	
Q. Total Expenditures/Obligations (N +O+P) (Amount equal to D on page 1)	

Note: When applying the approved indirect cost rate to project expenditures, please note that this rate is not applied to capital outlay or equipment. Refer to the California State Accounting Manual for a definition of equipment and for more information regarding categories of expenditures.

For CDE Use Only	
Approved by CDE: _____	Date: _____
Cycle : _____	(Signature) _____
Date Recorded: _____	Record #: _____
Comments: _____	